



## GROUP RETROSPECTIVE RATING AGREEMENT

This Agreement is between the Washington State Department of Labor and Industries (L&I) and \_\_\_\_\_ (sponsoring organization) for the twelve month coverage period beginning \_\_\_\_\_ and the related subsequent adjustments.

Terms of this Agreement are as follows:

- The sponsoring organization agrees that the words “organization” and “association” shall have the same meaning.
- The sponsoring organization will represent participating group members in all matters pertaining to their participation in retrospective rating for the period covered by this agreement.
- The sponsoring organization is responsible for notifying participating members of any decision made by L&I that involves the member’s industrial insurance account relative to their participation in retro during the period covered by this agreement.
- Each approved group member who by separate application has agreed to participate in this Group Retrospective Rating Agreement will:
  - Remain a party to this agreement for the above selected coverage period and all subsequent related adjustments.
  - Maintain an industrial insurance account with L&I and will keep the account in good standing.
  - Will earn and retain their individual experience rating based upon their own experience.
- The sponsoring organization will comply with all L&I laws, rules and regulations.
- The sponsoring organization is directly responsible to L&I for any additional retrospective premium arising from this agreement.
- A security deposit or surety bond equivalent to the maximum premium assessment may be required from the sponsoring organization as a condition of participation; to be in effect until the final premium adjustment has occurred and subsequent appeal period has ended.
- L&I may withhold any member’s pro-rata share of the group’s retrospective rating refund to satisfy the member’s industrial insurance account balance when premiums, penalties or assessments are past due.
- This Agreement cannot be changed without the express written consent of L&I.

**NOTE: L&I must receive this completed Agreement no later than the 15<sup>th</sup> day of the month preceding the selected coverage period.**

### DEPARTMENT USE ONLY

Retrospective Rating Program Administrator (type)	Date Signed
Retrospective Rating Program Administrator (signature)	

### COMPLETED BY ASSOCIATION

Association President (type)	Date Signed
Association President (signature)	